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CONFIRMATION NO. 2149

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
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| 10/796,243 | 03/09/2004 RULE | 424 | 1615 | 89035. 28 | |
| APPLICANTS John L. Toner, Libertyville, IL; Keith R. Cromack, Gurnee, IL; ** CONTINUING DATA ***** This appln claims benefit of 60/453,555 03/10/2003 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/28/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SHARON E KENNEDY/ Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY IL | SHEETS DRAWINGS 12 | TOTAL CLAIMS 60 | INDEPENDENT CLAIMS 3 |
| ADDRESS Cameron Kerrigan SQUIRE, SANDERS & DEMPSEY L.L.P. Suite 300 One Maritime Plaza San Francisco, CA 94111-3492 UNITED STATES | | | | | |
| TITLE Medical device having a hydration inhibitor | | | | | |
| FILING FEE RECEIVED 1490 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |